

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/557112

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9	1					
10						
11						
12						
13						
14						
15						
16						
17			1			
18				1		
19				1		
20				1		
21				1		
22				1		
23				1		
24				1		
25			1			
26				1		
27			1			
28				1		
29				1		
30			1			
31				1		
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46						
47						
48						
49						
50						
TOTAL IND.	2	↓	5	↓		↓
TOTAL DEP.	7	←	11	←		←
TOTAL CLAIMS	9		16			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

H. H. H. H.